

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF TENNESSEE
AT KNOXVILLE

FILED

AUG 18 2020

Clerk, U. S. District Court
Eastern District of Tennessee
At Knoxville

CHRISTOPHER

)

LOGAN

)

JETT

)

(Enter above the NAME of the
plaintiff in this action.)

)

3:20-cv-365-DCLC-HBG

v.

)

ANDERSON Cnty, TN &

)

Ridgeview Mental Health Care Providers

)

(Enter above the NAME of each
defendant in this action.)

)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
(42 U.S.C. Section 1983)

I. PREVIOUS LAWSUITS

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? YES () NO (✓)
- B. If your answer to A is YES, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to the previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. COURT: (If federal court, name the district; if state court, name the county):

3. DOCKET NUMBER: _____

4. Name of Judge to whom case was assigned: _____

5. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?) _____

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. PLACE OF PRESENT CONFINEMENT: ANDERSON CNTY DETENTION FACILITY
308 Public Safety W. Clinton, TN 37716

A. Is there a prisoner grievance procedure in this institution? YES (☒) NO ()

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? YES (☒) NO ()

C. If your answer is YES,

1. What steps did you take? EXHAUSTED AVAILABLE REMEDIES,
MENTAL HEALTH TREATMENT REQUESTS EXCESSIVELY, (WRITTEN)

2. What was the result? NO RELIEF

D. If your answer to B is NO, explain why not. -0-

E. If there is no prison grievance procedure in the institution, did you complain to the prison authorities? YES (☒) NO ()

F. If your answer is YES,

1. What steps did you take? IS AWARE OF MY PHYSICAL AND OTHER MENTAL
IMPAIRMENTS, PLAINTIFF HAS EXCESSIVELY SOUGHT TREATMENT
WRITTEN REQUESTS FOR MENTAL HEALTH
TREATMENT AS WELL AS T.B.E. FACILITY KIOSK REQUESTS.

2.

What was the result?

was in family treatment not available to state prisoners only available to county prisoners in particular. Diagnostic inquiries. Plaintiff had to wait til he got to prison for that.

III. PARTIES

(In item A below, please your name in the first blank and place your present address in the second blank. Do the same for any additional plaintiffs.)

A. Name of plaintiff: _____

Present address: _____

Permanent home address: _____

Address of nearest relative: _____

(In item B below, place the FULL NAME of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the additional names, positions, and places of employment of any additional defendants.)

B. Defendant: Andersons City, TN

Official position: Municipality

Place of employment: 100 Main St, Clinton, TN Room 208 / Mayor Terry Frank 37716

C. Additional defendants: Ridgeview Mental Health Services / James Landry
Methodist Medical Center, Oak Ridge, TN 37840

IV. STATEMENT OF CLAIM

(State here as briefly as possible the FACTS of your case. Describe how EACH defendant is involved. Include also the names of other persons involved, dates and places. DO NOT give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheets, if necessary.)

(INMATE HAS MADE Anderson Co. TN AWARE - A.C.D.F. EMPLOYEES)
PETITIONER IS A STATE PRISONER BEING HOUSED AT A.C.D.F.

AND HAS REPEATEDLY AND VIGILANTLY SOUGHT MENTAL HEALTH
TREATMENT AT A.C.D.F. BY EVERY AVAILABLE MEANS MADE AVAILABLE
AT FACILITY, PETITIONER HAS MENTAL HEALTH ISSUES, THE MEDICINE FOR, AND
HIS TREATMENT HAVE BEEN DENIED, BY THIS FACILITY AND TREATMENT
PROVIDER BECAUSE PETITIONER IS A STATE PRISONER. AND DIAGNOSIS
OF T.D.O.C. PRISONERS NOT AVAILABLE FROM RIDGEVIEW, OR A.C.P.I.
(MENTAL HEALTH CARE PROVIDER) TOLD PETITIONER HE IS NOT ELIGIBLE
FOR TREATMENT THAT THEY DID NOT TREAT T.D.O.C. PRISONERS,
EVEN WITH MEDICATION, THAT HE COULD ONLY AFFORD TREATMENT
TO ANDERSON COUNTY PRISONERS BECAUSE OF "CONTRACT" / "POLICY" WITH
ANDERSON COUNTY TOWNSHIP, DOES NOT INCLUDE STATE PRISONERS,
PETITIONER AVERS HE HAS SUFFERED MENTAL HEALTH RELATED
DEFICIENCIES AS TO THE TREATMENT, DIAGNOSIS, MEDICATIONS
AT THE HAND OF CUSTOM / POLICY OF AFORESAID DEFENDANTS.
PETITIONER PRAYS RELIEF FROM 8TH AMENDMENT VIOLATIONS
ALLEGED. AND THAT IS ALLEGED THAT ANDERSON COUNTY TOWNSHIP,
AND ITS CONTRACT MENTAL HEALTH CARE PROVIDER HAVE IN PLACE,
A CUSTOM / POLICY OF NOT PROVIDING TIMELY AND ADEQUATE
MENTAL HEALTH CARE TO ALL INMATES IN THEIR CARE AS SUCH ARE
SERIOUS MEDICAL NEEDS. PETITIONER PRAYS RELIEF
AND BELIEVES HE IS ENTITLED TO RELIEF
PLAINTIFF FURTHER AVERS THAT HE HAS SPOKE WITH COUNSEL AND WAS
INSTRUCTED TO SEEK MENTAL HEALTH TREATMENT FOR PTSD AND A
MILD SCHIZOPHRENIA DUE TO BEING ASSAULTED AND ABUSED AS A CHILD.

V. RELIEF

(State BRIEFLY exactly what you want this Court to do for you. Make NO legal arguments.

Cite NO cases or statutes.)

Injunction for Treatment of All Inmates,
Declaration of UnConstitutional Custom/Policy of Defendants
Compensatory Damages & Punitive Damages not to exceed Ten Million!
Reprimand All parties involved

I (We) hereby certify under penalty of perjury that the above complaint is true to the best of my (our) information, knowledge and belief.

Signed this 2nd day of August, 2020.

Christopher Tott
Signature of plaintiff(s)

Christopher Logan Jett A.C.D.F.
309 Public Safety Co
Clinton, TN 37716

RECEIVED

AUG 18 2020

Clerk, U. S. District Court
Eastern District of Tennessee
At Knoxville

The sender of this letter is
an Anderson County Inmate

CLERK OF COURT E.D. TN

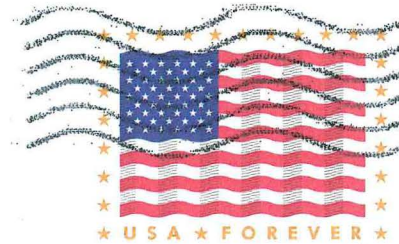
HOWARD H. BAKER JR. U.S. COURT HOUSE

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Knoxville, TN 37902

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